

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 719379 RECEIPT DATE: 12 / 11 / 00
IA NUMBER: PCT/ US99 / 11980 IA FILING DATE: 05 / 28 / 99
FAMILY NAME: BAKALETZ DELAY WAIVED (Y/N): Y
GIVEN NAME: LAUREN O DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 11 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: B45145 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 6102705024
FAX
NAME: SMITHKLINE BEECHAM CORPORATION
STREET: P O BOX 1539
CITY: KING OF PRUSSIA
STATE/COUNTRY: PA ZIP: 194060939
EMAIL:
APPLICATION TITLES:
VACCINE

TAB TO LAST POSITION,PUSH SEND